MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-010683
STATE FILE NUMBER

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 116

FILED APR 9 1963

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

b147
20860
3
4 0
5 0
6
7 0
8 1
99040
10 21
11 137
12 93-2
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED | BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY: CALLAWAY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: FULTON
Length of stay in 1b: 8 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: #1 FULTON STATE HOSP
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO b. COUNTY: PUTNAM
c. CITY OR TOWN: MENDOTA.
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First CARL Middle FRANCIS Last CONGER

4. DATE OF DEATH: Month APRIL Day 5 Year 1963

5. SEX: M

6. COLOR OR RACE: WHITE

7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: DEC-12-1915

9. AGE (last birthday): 47
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country): MO.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: WILLIAM FRANK CONER

13b. MOTHER'S MAIDEN NAME: MARY BROWN

14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of servi

16. SOCIAL SECURITY NO.

17. INFORMANT Address: MRS WM F. CONGER CINCINNATI IA.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Edema — 1 hour
DUE TO (c): Trauma

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Pt. fell, struck left frontal area

20c. TIME OF INJURY Hour: 6:30 a.m. p.m. Month, Day, Year: April 5, 1963

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): In home

20f. CITY, TOWN, OR LOCATION Fulton COUNTY Callaway STATE Mo.

21. I attended the deceased from 1955 to APR-5-1963 and last saw her him alive on APR 5-1963
Death occurred at 8:20 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Neil Z Gravel D.O.

22b. ADDRESS: State Hosp. #1 Fulton, Mo

22c. DATE SIGNED: 4/5/63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: 4-6-63

23c. NAME OF CEMETERY OR CREMATORY: Unk

23d. LOCATION (City, town, or county): Unionville (State): Mo

24. FUNERAL DIRECTOR ADDRESS: Browning Funeral Home Fulton Mo

25. DATE RECD. BY LOCAL REG.: April 6-1963

26. REGISTRAR'S SIGNATURE: Maretta Lawrence

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed H. R. Mason

Licensed Embalmer No. 4996

P. O. Address Fulton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.